

Abingdon Redevelopment and Housing Authority

190 East Main Street
3rd Floor
Abingdon, VA 24210



P.O. Box 248
Abingdon, VA 24212
276.628.5661

Tenant Affidavit of No Income

I, _____, residing at _____ do hereby affirm that neither I nor any of my household members receive any income from:

- Employment, full or part-time
- Self-employment
- Disability
- Unemployment benefits
- TANF (AFDC) grants
- Bonuses
- Supplements
- Social Security payments
- Annuities
- Insurance policies
- Retirement funds
- Pensions
- Death benefits
- Periodic allowances such as
 - Alimony
 - Child Support
 - Gifts received from persons not living in my household, or any other source not named above

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false fraudulent statements to any department of the United States Government.

I understand that this declaration of funds will be used to assess my level of rental assistance. As a zero (0) income program participant, I understand that I am required to report all income status to Abingdon Housing within ten (10) days of any change. I further understand that failure to provide full and complete information will result in retroactive rent being charged and may result in the termination of my Housing Choice Voucher with Abingdon Housing.

Head of Household

Date

Abingdon Housing Representative

Date

Income Questionnaire: Addendum to Tenant Affidavit of No Income
 Answer Yes (Y) or No (N) and Complete Other Information in Yellow

Applicant/ Participant: _____ SSN: _____

	Type of Expense	How is this paid for? Who makes the payment? (include phone #)	Amt/ Month
1	Rent to Landlord? Other? Y <input type="checkbox"/> N <input type="checkbox"/>		\$
2	Cell and/or home phone? Y <input type="checkbox"/> N <input type="checkbox"/>		\$
3	Cable/Internet/Satellite? Y <input type="checkbox"/> N <input type="checkbox"/>		\$
4	Do you have a car? Y <input type="checkbox"/> N <input type="checkbox"/> Car payment? Y <input type="checkbox"/> N <input type="checkbox"/>	Who makes the payment? _____ How do you pay for insurance? _____ How do you pay for gas? _____	\$
	If no car, public transportation? Y <input type="checkbox"/> N <input type="checkbox"/>		\$
	Is someone furnishing your transportation? Y <input type="checkbox"/> N <input type="checkbox"/>		
5	Do you have a washer/dryer? Y <input type="checkbox"/> N <input type="checkbox"/> If not, how much do you pay at the Laundromat each month?		\$
6	How much do you pay for food (grocery store, convenience store, restaurants)? Is any of this covered by Food Stamps? Y <input type="checkbox"/> N <input type="checkbox"/> How much?		\$ \$
7	Do you use tobacco products? Y <input type="checkbox"/> N <input type="checkbox"/>		\$
8	Household items? (Soap, toothpaste, laundry detergent, paper products, etc.)		\$
9	Child care expenses? Y <input type="checkbox"/> N <input type="checkbox"/>		\$
10	Medical expenses? Y <input type="checkbox"/> N <input type="checkbox"/> (Co-pays, Rx, insurance premiums, etc.)		\$
11	Rentals? Y <input type="checkbox"/> N <input type="checkbox"/> (Furniture, appliances, storage unit, etc.)		\$
12	Credit Cards or loans? Y <input type="checkbox"/> N <input type="checkbox"/>		\$
13	Do you pay child support? Y <input type="checkbox"/> N <input type="checkbox"/>		\$
14	Do you have plans for increasing family income? (Odd jobs, yard work, vehicle repair, babysitting, donating blood plasma, etc.) Y <input type="checkbox"/> N <input type="checkbox"/>		\$
15	Additional information/notes:		
TOTAL COSTS THAT ARE CONSIDERED INCOME:			\$

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Applicant Signature: _____ Date: _____

ARHA Representative Signature: _____ Date: _____